FORSAL-103

PTC/SB/01 (03-01)

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				Attorney	Docket Numb	er FC	DRSAL-103		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION					ed Inventor	Ps	uli Koutonen		
					COMPLETE IF KNOWN				
				Applicatio	n Number				
Declaration	П	Declaratio	•n	Filing Date	e				
Submitted with Initial	OR		after Initial	Group Art	Unit				
Kiling		(37 CFR 1 Required)	.16 (e))	Examiner	Name				
As a below named invento	r, I hereby dec	lare that:							
My residence, mailing addr	ess, and citizens	ship are as s	tated below next to m	ry name.					
I believe I am original, first a	nd sole invente	i (if only or	ne name is listed below	w) or an origina	al, first and joint in	ventor (if plu	ral Names are listed below) of the		
subject matter which is claim	ed and for which	ch a patent i	is sought on the invent	tion entitled:					
Method for Co							Parameters Based		
	01	n Mode	els Taking U	n-windi	ng into Ac	count			
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			(Title of	(the Invention)					
The specification of which			(vine Q	par monaday	•				
Is attached hereto									
OR OR									
was filed on (MM	(YYYYYOO)		11/10/2003	as United	States Application	Number or I	CT International .		
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Application Number P	CT/FI2003/	000851	and was amended or	MM/DD/YY	77)		(if applicable).		
I hereby state that I have a	eviewed and	understand	i the contents of the	above identif	ied specification	including th	e claims, as amended by any		
amendment specifically re			210 001110						
							onlinuation-in-part applications,		
material information which to in-part application.	ccame availabl	c between f	he filing date of the pr	rior application	and the national o	r PCT interna	rtional filing date of the continuation-		
I hereby claim foreign priori	y benefits unde	- 35 U.S.C.	119(a)-(d) or (f), or 3	65(b) of any fo	reign application(	s) for patent,	inventor's or plant breeder's rights		
							tes of America, listed below and ficate(s), or any PCT international		
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Number(s)	Cos	atry	(MM/DD/Y		Not Chin		YES NO		
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Additional foreign	application at	mbere am I	isted on a supplement	etab utinoitu date	sheer PTY//STR/021	B attached he	reso:		

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## **DECLARATION** — Utility or Design Patent Application Correspondence address below Direct all correspondence to: **Customer Number** 36528 or Bar Code Label Name: Address: State: Zip: City: Fax: Country: Telephone: I hereby declare that all statements made harein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like 60 made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopartize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SQLE OR FIRST INVENTOR: Family Name Given Name or Surname: Kontonen (first and middle [if any]): Pauli Inventor's Date: 03-05-05 Signature Country: Finland Citizenship: FI Residence: City: Jokela State: Mailing Address: Apupapintie 2 Country: Finland Zip: FIN-05400 City: Jokela State: NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]): Marko or Surname: Jorkama Inventor's Date: 03-05-05 Signature Residence: City: Järvenpää State: Country: Finland Citizenship: FI Mailing Address: Jenkkapolku 30 A Zip: FIN-04420 Country: Finland City: Järvenpää State:

Additional inventors are being named on the 1 supplemental Additional inventor(s) short(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box

PTO/SB/02A (11-00)

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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint 1	Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor			
Given Name Family Name								
(first and middle [if any]):	Jarı			OX	Surname: Paanasalo			
Inventor's Signature	Paa	merelo				Date: 63-05-20		
Residence: City: Järvenp	33	State:			Country: Finland	Citizenship: FI		
Mailing Address: Metsol	lantie 46	A 3						
City: Jārvenpāā	State:				Zip: FIN-04430	Country: Finland		
Name of Additional Joint In	ventor, if a	ny;			A petition has been filed	for this unsigned inventor		
Given Name (first and middle [if any]):					mily Name Surname:			
Inventor's Signature						Date:		
Residence: City:		State:			Country:	Citizenship:		
Mailing Address:								
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Name of Additional Joint In	ventor, if a	ay:			A petition has been filed	for this unsigned inventor		
Given Name (first and middle [if any]):				Family Name or Surname:				
Inventor's Signature						Date:		
Residence: City:		State;			Country:	Citizenship:		
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	PCT/FI2003/000851
	Filing Date	November 10 2003
	First Named Inventor	Pauli Koutonen
	Title	Method for Controlling a Wind-Up
AUTHORIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	FORSAL-103

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			SIGNATURE of Appl						
Name	Pauli	Koutonen							
Signatur		servei '	Han d						
Date	0	3-05	- 2005						
NOTE: Sig forms if mo	natures of all are than one s	the inventors ignature is re	or assignees of record of the quired, see below.	ie entire interest	or their i	epresentative(s) a	ne nequi	ired. Submit mult	iple
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Applicant/Inventor

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forms if more than one signature is required, see below.

03-05-2005

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Date

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PTO/SB/81 (02-01)

PCT/FI2003/000851

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**Application Number** 

	Filing Date		November 10 2003		
POWER OF ATTORNEY OR	First Named Inve	ntor	Pauli Koutonen		
AUTHORIZATION OF AGENT	Title		Method for Controlling a Wind-L		Wind-Up
AUTHORIZATION OF AGENT	Group Art Unit				
	Examiner Name				
	Attorney Docket	Number	FORSAL-10	3	
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I hereby appoint:					
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OR					
Practitioner(s) named below:					
Name	1	Registratio	tion Number		
as my/our attorney(s) or agent(s) to prosecute t	he application ider	ntified abo	ve, and to transa	act all busi	ness in
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

SIGNATURE of Applicant or Assignee of Record

Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

Fax

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PTO/SB/81 (02-01)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. PCT/FI2003/000851 **Application Number** November 10 2003 Filing Date Pauli Koutonen First Named Inventor **POWER OF ATTORNEY OR** Method for Controlling a Wind-Up Title **AUTHORIZATION OF AGENT Group Art Unit Examiner Name** FORSAL-103

Attorney Docket Number

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